



BRIGHAM CITY VOLUNTEER APPLICATION

Volunteer Position (i.e. referee, coach, assistant coach, etc.) _____

Name: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____

Emergency Contact and or Parent/Guardian Authorization Information:

Name: _____ Relationship: _____

Address: _____ City: _____ Zip _____

Phone: _____ Parent/Guardian Signature (minors only) _____

AUTHORIZATION FOR CRIMINAL HISTORY REVIEW (If applicable)

By signing this form, I authorize Brigham City Corporation to access and review any criminal history that may exist and make reasonable efforts to determine whether I have been convicted of, or are under pending indictment for a crime that bears upon my fitness to be employed or volunteer for a position of trust over children, vulnerable adults or persons with disabilities. I understand that any information discovered will not be disseminated beyond those charged by Brigham City Corporation to review said information, namely the Chief of Police, City Human Resource Manager, City Attorney and the department director. All information provided on this form is true and accurate.

I hereby release Brigham City Corporation, its officers, employees, agents, officials and volunteers from any and all liability that may result in requesting and receiving said information.

Date of Birth _____

Social Security # _____

Drivers License # _____

Date of Expiration _____

Printed Name of Applicant

Signature of Applicant

Office Use Only:

Approve: _____ Date: _____

Disapprove: _____ Date: _____